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APPLICATION NUMBER	FILING OR 371 (c) DATE	FIRST NAMED APPLICANT	ATTORNEY DOCKET NUMBER
10/776,383	02/11/2004	Shaker Mousa	

Vascular Vision Pharmaceuticals  
5 Fox Glove Ct.  
Wynantskill, NY 12198

CONFIRMATION NO. 3915

FORMALITIES LETTER



\*OC000000014301417\*

Date Mailed: 11/05/2004

NOTICE TO FILE CORRECTED APPLICATION PAPERS

*Filing Date Granted*

An application number and filing date have been accorded to this application. The application is informal since it does not comply with the regulations for the reason(s) indicated below. Applicant is given TWO MONTHS from the date of this Notice within which to correct the informalities indicated below. Extensions of time may be obtained by filing a petition accompanied by the extension fee under the provisions of 37 CFR 1.136(a).

The required item(s) identified below must be timely submitted to avoid abandonment:

- A substitute specification in compliance with 37 CFR 1.52, 1.121(b)(3), and 1.125, is required. The specification, claims, or abstract page(s) submitted is not acceptable and cannot be scanned or properly stored because:
  - The specification contains drawings or flow diagrams (37 CFR 1.58(a)) on page(s) 10, 12, 13. Drawings or flow diagrams cannot be embedded in the specification and should be submitted separately in accordance with 37 CFR 1.84. (Both a substitute specification and substitute drawings are required).

The applicant needs to satisfy supplemental fees problems indicated below.

The required item(s) identified below must be timely submitted to avoid abandonment:

- Additional claim fees of \$90 as a small entity, including any required multiple dependent claim fee, are required. Applicant must submit the additional claim fees or cancel the additional claims for which fees are due.

**SUMMARY OF FEES DUE:**

Total additional fee(s) required for this application is \$90 for a Small Entity

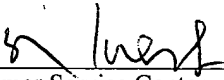
- Total additional claim fee(s) for this application is \$90
  - \$90 for 10 total claims over 20.

Replies should be mailed to: Mail Stop Missing Parts

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*A copy of this notice MUST be returned with the reply.*

A handwritten signature in black ink, appearing to read "L. H. Smith", is written over a horizontal line.

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Initial Patent Examination Division (703) 308-1202

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